IAC Assessment Implementation Workgroup Training Sub-Committee July 18, 2007 Meeting Minutes

Attendees: Kathy Skippen, Delana Harper, John Kirsch, Matt Christiansen, Tom Nielson, Kipp Dana, Janette Day, Denise Leavitt, Paul Carroll, Donna Hislop

Absent: Sharon Burke, Kristina Palmer

No Agenda Provided for First Meeting

Handouts provided by Kathy. Consisted of Training Questions (that have been asked of her by people across the state), GAIN Training Needed (only what has been provided so far by agencies and providers), IDAPA rules, copies of emails from Rusty O'Leary and Kristina Palmer on GAIN training concerns and ideas, a chart of 'Who can "diagnose"?', Miscellaneous tidbits and thoughts about GAIN and a chart of the GAIN requirements to be able to be an administrator and trainer.

Discussion on what the current status is on who can train and where in the state. Need to talk more with Chestnut, but currently, training can only be done in the trainer's agency or within their region. **Kipp would be willing to help write the license for where trainers should be able to train across the state.**

Kipp Dana would like to see a 'map' drawn of who in what region is able to train on what portion of the GAIN. Denise would like to see us keeping track of who has done what (mentioned that she thought there were around 1,000 people to be trained on some portion of GAIN).

Discussion on having control at the State level on who has access to the ABS software. This is because there could possibly be people using the tool who are not certified through the contract with the state.

Discussion of WITS to manage the data. For the Data Collection sub-committee.

To control the GAIN assessments, we need to look at doing the following:

- 1. Not allow information to be input into the system till we say they are certified. (Find out from Chestnut if people will get a certification number.)
- 2. Require that a person cannot use the ABS software and input assessments into the system until they have first completed a training course and submitted a 'mock' assessment interview and received evaluation on it.
- 3. Train first on the paper version before training on the software.

Decision was made to submit to Assessment Workgroup option #2 – require that a person cannot use the ABS software and input assessments into the system until they have first

completed a training course and submitted a 'mock' assessment interview and received evaluation on it.

Discussion on who will review tapes. Will we submit to Chestnut or come up with some way to get them done by trainers in the state?

Discussion regarding policies of evaluating people in the State to see if any need to be updated and/or changed.

The Budget Sub-Committee may need to look at funding for the tape review. Juvenile Justice Commission has some money that can be used for training. Need to get numbers from reach group that needs to be trained on what their estimates for training and tape review will be. Need to make sure we work with counties on this issue so that they don't see it as an unfunded mandate.

Discussion on GAIN as a mental health assessment tool. The GAIN tool will assess for basic mental health problems, such as depression, but the primary focus of GAIN is substance abuse. GAIN is a good quick screener for a mood disorder. Need to make sure that there is some way to refer people to the correct treatment needed. GAIN is just a tool that should not override clinical experience. Will need to follow up with Chestnut on the mental health portion.

Sub-Committee should meet every other week. The next meeting will be August 1, 2007, 8:30-10:00.

Action items:

- 1. Find out from Chestnut about certification numbers.
- **2.** Bring up funding for the tape review at the IAC meetings.
- **3.** Follow up with Chestnut to get more details and/or better explanation on the mental health portion of the GAIN tool.
- **4.** Members should be sending questions or topics to be discussed at next meeting via email to Kathy.
- **5.** Members should come prepared to next meeting to look at the mental health issue.